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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

Column 1   Column 2   TYPE	THER THAN MALL ENTITY  ATE   FEE   690.00  \$18= (78   78= 23
BASIC FEE   345.00   OR   X\$ 9=	690.00  518= (78  778= 23 4  260=  THER THAN MALL ENTITY  ADDITIONAL FEE  \$18=
TOTAL CLAIMS    INDEPENDENT CLAIMS	18= (98 178= 23 4 260= 27 260= 27 2
INDEPENDENT CLAIMS	278= 273 4 260= OTAL 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
* If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  * CLAIMS REMAINING REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Independent	OTAL 1/2 DITHER THAN MALL ENTITY  ADDITIONAL FEE  \$18=
* If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  * REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT PREVIOUSLY PAID FOR PAID FOR PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * Independent *	THER THAN MALL ENTITY  ADDITIONAL FEE  \$18=
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Independent	THER THAN MALL ENTITY  ADDI- TIONAL FEE  \$18=
COlumn 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR PAID FOR TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  Total * 3/ Minus *** 6 = / X39= OR X  Independent * 6 Minus *** 6 = / X39= OR	MALL ENTITY ADDI- TIONAL FEE \$18=
REMAINING AFTER PREVIOUSLY PAID FOR TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  (Column 1) (Column 2) (Column 3)  (Column 3) (Column 4) (Column 5) (Column 6) (Column 6) (Column 7) (Column 7) (Column 7) (Column 8)	TIONAL FEE \$18=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
(Column 1) (Column 2) (Column 3)  (Column 1) (Column 2) (Column 3)  (Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR  AMENDMENT PAID FOR  Independent	<b>(78=</b>
(Column 1) (Column 2) (Column 3)  (Column 1) (Column 2) (Column 3)  (Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR  Total	
(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  ADDIT. FEE  CON ADDIT. FEE  ADDIT. FEE  CON ADDIT. FEE  CON ADDIT. FEE  ADDIT. FEE  RATE TIONAL FEE  X\$ 9=  CR  X39=  CR  COlumn 2)  Column 3)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	260=
(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 2) (Column 3)  HIGHEST NUMBER PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA   X\$ 9=  X39=  OR  X39=  OR	TOTAL DIT. FEE
Total	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ADDI- RATE TIONA FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<b>(</b> \$18=
	X78=
	-260=
TOTAL ADDIT. FEE OR AD	TOTAL DIT. FEE
(Column 1) (Column 2) (Column 3)	
CLAIMS HIGHEST NUMBER PRESENT EXTRA ADDI- TIONAL AMENDMENT PAID FOR ADDI- RATE FEE	ADDI RATE TIONA FEE
Independent * 4 Minus *** ( = / X39= OR	X\$18=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	X\$18= X78=
	X78=
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	 			

## Total Fee Calculation

	Fee Code	Total # Claims	Number Extra X	Fee	Fee	= Total	
	Sm./Lg.			Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	1		345	690	= 690	
Total Claims >20	203/103	31 -20 =	<u> </u>	9	18	= 198	
Independent Claims >3	202/102	6 -3 =	<u>3</u> x	39	<u>78                                    </u>	= 234	
Mult. Dep Claim Present	204/104			130	260	= <u></u>	
Surcharge	<b>2</b> 05/105			<u>65</u>	130	<u> 130</u>	
English Translation	139						
TOTAL FEE CALCULA	ATION					1252	_

Fees due upon filing the application:

Total Filing Fees Due = \$ 12 5 2

Less Filing Fees Submitted - \$

**BALANCE DUE** 

= \$ \_\_\_\_\_

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)